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THE CERTIFICATE OF DEATH is to be filed with the Local Registrar and by him transmitted to the County Registrar. The Local Registrar will issue burial or removal permit as desired, upon filing the proper certificate subject to the laws of the State and the Regulations of the Board of Health.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF DEATH

25000
2477
8972
29

State Index - No. 25000
County Registrar's - No. 2477
Local Registrar's - No. 8972

1. County Mohave
District Calman
Town or City Calman

2. FULL NAME Charles Herman Ex Soldier
(If death occurred in a hospital or institution, give its NAME instead of street number)

(a) Residence. No. Kingman St. Ward
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED Married
(Write the word)

5a. If married, widowed, or divorced HUSBAND of Mrs Edna Herman
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 03 7 26

7. AGE Years Months Days IF LESS than 1 day... hrs. or... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER George Herman

11. BIRTHPLACE OF FATHER (city or town) (State or country) Kentucky

12. MAIDEN NAME OF MOTHER unknow

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14. Informant (Address) Mrs Edna Herman Kingman

15. Filed 12/27, 1922 George K. Shefferd Local Registrar
Nov 19, 1924 D. R. McFarland County Registrar

16. DATE OF DEATH (month, day, and year) Nov 19 1922

17. I HEREBY CERTIFY, That I attended deceased from 19 to 19, that I last saw him alive on 19, and that death occurred, on the date stated above, at Kingman.
The CAUSE OF DEATH was as follows:
Drowned in Colorado River Identified by his wife (clothed in Army uniform and Swatara) (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? 180
Did an operation precede death? 180 Date of 180
Was there autopsy? 180
What test confirmed diagnosis? 180
(Signed) George K. Shefferd, Coroner (Address) Calman
12/27, 1922

19. PLACE OF BURIAL, CREMATION OR OTHER Kingman Ariz DATE OF BURIAL Dec 30 1922
ADDRESS Kingman Ariz

20. UNDERTAKER C. R. Van Master

NOV 5 1923

FILE